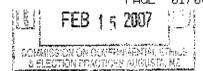
Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775

Website: www.maine.gov/ethics



STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: arol Weston MAILING ADDRESS: 154 Choate Road CITY: Jontville	Please check the appropriate box and fill in the District number. Member of the Senate, District
ZIP CODE: 0494	
PHONE NUMBER: 589-448	Member of the House, District

GENERAL INSTRUCTIONS

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.

- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you recompensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

		Principal Type of Economic
Name of Employer	<u>Address</u>	Activity of Employer
State of Maine	· · · · · · · · · · · · · · · · · · ·	Cout
STORE OF MURIL		
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,		
Enter the name and address	a partnership, firm, professional associati	r Legislators who are self-employed.) or areas of economic activity from which you derive ion, or similar business entity, list the major areas o
economic activity of that ex	doty.	
Name and Address	Major Areas of Economic Activity	Major Areas of Economic Activity (partnership, association or similar business entity)
of Business Entity	(self)	(parmersnip, association of stilling business entity)
		
		Principal Type of Economic Activity of Entity or Person Who Is the
Name of Source	<u>Address</u>	Source of Income
	·	
	· ,	
	OF PRACTICE. (For Legislators who an	
ctice. If associated with a law	v firm, list the major areas of practice of y	our firm.
	v firm, list the major areas of practice of y	our firm.
ctice. If associated with a law	v firm, list the major areas of practice of y Major Areas of Practic	our firm. <u>Major Areas of Practice</u>
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ctice. If associated with a law	v firm, list the major areas of practice of y Major Areas of Practic	Major Areas of Practice
ctice. If associated with a law	v firm, list the major areas of practice of y Major Areas of Practic	our firm. <u>Major Areas of Practice</u>

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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
1		
2		
3		

PART V. DISCLOSURE OF REPORTABLE LIABILITIES. List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, so state.

Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
1	er en	
2.		
3.		
,		
PART VI. DISCLOSURE OF GUT	S. Name the specific source of each git	ft of more than \$300. Include gifts with an
aggregate value of more than \$300 from		
1	3	
2	4	
PART VII. DISCLOSURE OF HOrelated to your official duties. If none, s		oraria accepted for appearances or speeches
1	3	
2	4	

you represented or assisted others for compensation of any amount. If none, so state.

1		3	
2	/	_ 4	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

PART X. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY.

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child(ren) during the reporting period and the kind of income represented. Do not include gifts. Indicate (S) beside sources of income received by spouse and (D) beside sources of income received by dependent(s).

Type of Economic Activity Representing Each Source of Income Received	Kind of Income
1. Education Services -	Principal (S) Employment
2. Horace Mann Ins. (S) Annuity
3,	
4	
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The intentional filing of a false statement shall be a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. A Legislator who willfully fails to file a required statement is subject to a civil penalty not to exceed \$1,000, payable to the State and recoverable in a civil action. (1 M.R.S.A. § 1019)

Mol Weston D2-03/07
Signature Date